

August 10, 2005

Cristine A. Vogel, Commissioner Office of Health Care Access 410 Capitol Avenue MS#13HCA P.O. Box 340308 Hartford, CT 06134-0308

Dear Commissioner Vogel:

Enclosed please find OHCA Form 2020, CON Determination Form for a proposal to move one of Rushford Center's facilities to another location.

The facility is an outpatient child mental health program currently in Clinton. At issue is that our lease is coming to an end and the space is no longer appropriate for the size of the program and the service needs of our clients.

Please contact me if there is any further information you require. Thank you.

Very truly yours,

John D. Habif

Director of Quality Management

MIDDLETOWN - GLASTONBURY - MERIDEN - PORTLAND - CLINTON



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

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All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Rushford Center Inc.	
Doing Business As	Rushford Center Inc.	·
Name of Parent Corporation	Hartford Health Care Corp	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	384 Pratt Street Meriden, CT 06450	,
Petitioner type (e.g., P for profit and NP for Not for Profit)	Not for Profit	
Name of Contact person, including title	John Habif Director of Quality Management	
Contact person's street mailing address	384 Pratt Street Meriden, CT 06450	
Contact person's phone, fax and e-mail address	203.238.6802 (phone) 203. 634.2799 (fax) jhabif@rushford.org	

SECT	ION II. GENERAL PROPOSAL INFORMATION	TEALLY AUG				
a.	Proposal/Project Title: Shoreline Child & Adolescent Mental Health Partial Hospital / Intensive Outpatient					
b.	Program Location of proposal (Town including street address):	[2: 04)CESS				
	19 West Main Street, Clinton, CT 06413 – Existing facility to 768 East Main Street, Branford, CT 06405.	address. Proposal is to move				
C.	List all the municipalities this project is intended to serve: An attachment shows all towns served. Primary service area towns include Branford, Clinton, East Haven, Old Saybrook, Madison, Guilford, Westbrook, Deep River.					
d.	Estimated starting date for the project: October 1, 2005	·				
e.	Type of Entity: (Please check E for Existing and P for Proposed in all the boxes that apply)					
E P	Acute Care Hospital Behavioral Health Provider Hospital Affiliate E P Imaging Center Ambulatory Surgery Ce Other (specify):	E P Cancer Center nter Primary Care Clinic				
SEC	TION III. EXPENDITURE INFORMATION					
a.	Estimated Total Capital Expenditure/Cost: \$\$	50.00				
b.	Please provide the following breakdown as appropriate: (a aggregate shown above) N/A	may not represent the				
	New Construction/Renovations	\$				
	Medical Equipment (Purchase)					
	Imaging Equipment (Purchase)					
	Non-Medical Equipment (Purchase)					
-	Sales Tax	,				
	Delivery & Installation					
	Total Capital Expenditure	\$				
	Fair Market Value of Leased Equipment					
	Total Capital Cost	\$				

Maior	Medical	and/or	imaging	equipment	acquisition:
IVIAJUI	MEUICAL	ando	magning	equipment	acquisition.

N/A

Equipment Type	Name	Model	Number of Units	Cost per unit
			·	

Note: Provide copy of contract with vendor for medical equipment.

c. Type	of financing	or funding	source:
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\boxtimes	Operating Funds	\boxtimes	Lease Financing	Conventional Loan
	Charitable Contributions		CHEFA Financing	Grant Funding
	Funded Depreciation		Other (specify):	

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- 3. Will you be charging a facility fee?
- 4. Who is the current population served and who is the target population to be served?
- 5. Who will be providing the service?
- 6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: Rushford Center Inc.
Project Title: Shoreline Child & Adolescent Mental Health Partial Hospital Program/Intensive Outpatient Program
I, <u>Kathleen Baber</u> , <u>CFO</u> (Name) (Position – CEO or CFO)
of Rushford Center Inc. being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that Rushford Center complies with the appropriate (Facility Name)
and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.
Kathlen Bohn Signature 8/10/05 Date
Subscribed and sworn to before me on Quant 10, 2005
Sandra M. Rasch Notary Public/Gommissioner of Superior Court
My commission expires: 0,2009

Form 2020 Revised 7/02

SECTION IV. PROPOSAL DESCRIPTION

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Rushford Center provides a child and adolescent mental health partial hospital program. Intensive outpatient services are also provided and are intended as a "stepdown" level of care from the partial services. These services are provided 5 days per week, Monday through Friday. A Partial Hospital Program session is 4 hours per day every day, and Intensive Outpatient services are typically 3 hours per day, 3 sessions per week. The program operates from 2:00 p.m. to 6:00 p.m. during the school year and are adjusted to 11:00 a.m. to 3:00 p.m. for the summer. Services include assessment, individual therapy, group therapy, family therapy, and medication management, and discharge planning. Staff disciplines include Psychiatrist, APRN (Advanced Practice Registered Nurse), master's level clinicians, and mental health assistant.

No license is required for this program, either by the Department of Public Health or the Department of Children and Families. This service is JCAHO (Joint Commission on Accreditation of Healthcare Organizations) accredited.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

Rushford Center proposes to relocate the child and adolescent partial hospital services from 19 West Main Street, Clinton to 768 East Main Street, Branford. No DPH licensure is required for this program, as the program serves children and youth (and not adults) and this is a mental health program (and not a substance abuse treatment program). Also, the Department of Children and Families only requires a license for programs that they fund, and they do not fund these services. Further, DCF has no licensing category for mental health partial hospital program.

Our lease at the 19 West Main Street, Clinton facility is ending. The facility originally included a clinical day school, and now that the school has moved, we are occupying a space that is too large. Further, the building sits directly on a busy thoroughfare, and this presents a safety concern. The space is on two floors and is not conducive for effectively supervising/managing the youth.

We searched nineteen possible sites in towns from Clinton west to Branford. The site we selected is the most ideal in terms of access (proximity to the majority of clients) and site suitability (function, handicapped accessibility, safety, and therapeutic environment).

In attachments showing Admissions by Town and Geo-Access, it is evident that the change in the facility does not negatively affect access to these services. And in the most distant towns, such as Middletown, we have determined that the distance is 1 mile farther. Rushford Center will continue providing transportation services for all clients.

This service is the only one of its kind for the targeted shoreline communities. The proposed move will not cause any change in the nature, size, scope, and structure of services.

3. Will you be charging a facility fee?

Yes. Fees are routinely paid by third party public and private insurance.

4. Who is the current population served and who is the target population to be served?

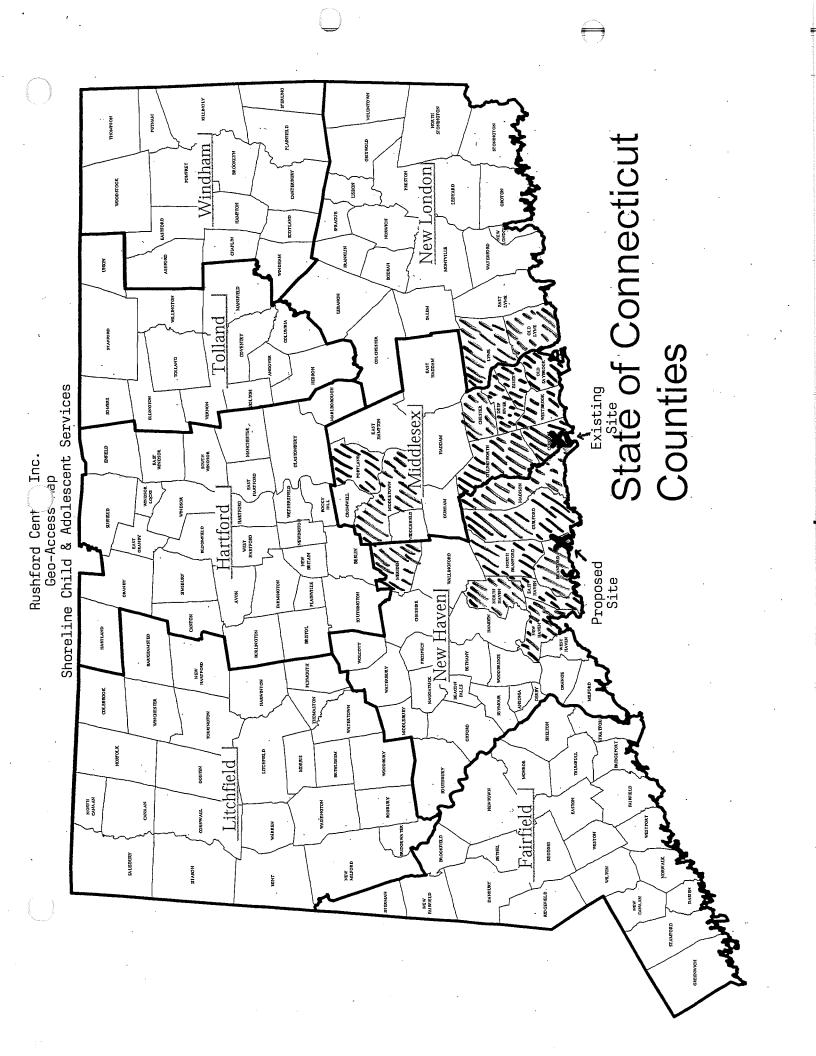
The current population served and target population to be served are the same. This program serves girls and boys ages 6-12 for the children's track and 13-17 for the adolescent track. Services are for children and adolescents who require intensive treatment because of difficulty with mental health issues. Individuals are typically referred by schools, parents, hospitals, private practitioners, and mental health outpatient programs.

5. Who will be providing the service?

Rushford Center will continue operating the service, and our plan for the move is to have no interruption in service delivery.

6. Who are the payers of this service?

There is no public funding for this program. All revenue comes from client fees. Commercial and public payers include Anthem Blue Cross/Blue Shield, Health Net, Community Health Network, United Behavioral Health, First Choice (CompCare) and others.



Rushford Center Inc.					
Clinton Child & Adolescent Partial Hospital/Intensive OP Program					
Number of Admissions by Town for Period 7/1/04 - 6/30/05					
	701 0,00,00				
Town	Number of Admissions				
Branford	29				
Clinton	24				
East Haven	21				
Old Saybrook	20				
Madison	15				
Guilford	12				
Westbrook	12				
Middletown	12				
Deep River	13				
Portland	. 8				
Essex	7				
Killingworth	5				
Chester	4				
Northford	4				
Hadlyme	4				
New Haven	3				
Higganum	3				
Old Lyme	2				
Northford	1				
Glastonbury	1				
Meriden	1				
North Haven	1	-			
	202				



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL COMMISSIONER

August 19, 2005

John Habif
Director of Quality Management
Rushford Center Inc.
384 Pratt Street
Meriden, CT 06450

RE: Certificate of Need Determination; Report Number 05-30568-DTR
Termination of Shoreline Child & Adolescent Mental Health Partial Hospital/Intensive
Outpatient Program in Clinton and Establishment of a Child & Adolescent Mental Health
Partial Hospital/Intensive Outpatient Program in Branford
Rushford Center Inc.

Dear Mr. Habif:

On August 15, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of Rushford Center Inc. ("RCI") to terminate its Shoreline child & adolescent mental health partial hospital/intensive outpatient program at 19 West Main Street in Clinton, Connecticut, and establish a child & adolescent mental health partial hospital/intensive outpatient program at 768 East Main Street in Branford, with no associated capital expenditure.

OHCA has reviewed the information contained in the request and makes the following findings:

- 1. RCI is a not for profit facility providing psychiatric outpatient services at various sites in Connecticut.
- 2. RCI provides child & adolescent mental health partial hospital/intensive outpatient program at 19 West Main Street in Clinton, Connecticut.
- 3. RCI provides a child and adolescent mental health Partial Hospital Program (PHP) 4 hours per day, 5 days per week, which includes assessment, individual therapy, group therapy, family therapy, medication management, and discharge planning. It also provides intensive outpatient services as a "stepdown" level of care from the partial hospital services.
- 4. RCI proposes to terminate its Shoreline child & adolescent mental health partial hospital/intensive outpatient program at 19 West Main Street in Clinton, Connecticut, and establish a child & adolescent mental health partial hospital/intensive outpatient program at 768 East Main Street in Branford.

- 5. RCI states that the lease at the current location is coming to an end and the space is no longer appropriate for the size of the program and the service needs of their clients.
- 6. RCI states that the proposed relocation will not cause any change in the nature, size, scope, and structure of services.
- 7. RCI currently provides transportation for all clients who need it, and will continue this practice for the combined program, thus assuring undisrupted access for all communities and clients currently served by the Clinton Program.
- 8. Section 19a-638 (a)(3) of the Connecticut General Statutes states "Each health care facility or institution which intends to terminate a health service offered by such facility or institution ... shall submit to the office, prior to the proposed date of such termination ... a request to undertake such termination ..."
- 9. Section 19a-638 of the Connecticut General Statutes ("C.G.S.") states, in part, that the introduction of any additional function or services requires authorization from OHCA.

Based on the above findings, OHCA has determined Rushford Center Inc., a health care facility or institution, is required to seek and obtain Certificate of Need approval for the termination of the Child & Adolescent Mental Health Partial Hospital Program/Intensive Outpatient Services in Clinton and establishment of the Child & Adolescent Mental Health Partial Hospital Program/Intensive Outpatient Services in Branford, pursuant to Section 19a-639(a)(3) of the Connecticut General Statutes.

OHCA considers the submission of information received on August 15, 2005 as the Letter of Intent for this matter; therefore RCI may file a completed CON application with OHCA between October 14, 2005, and December 13, 2005. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7035.

Sincerely,

Cristine A. Vogel

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Commissioner

Copy: Sandra Bauer, Health Processing Technician, DPH, DCBR